

RECEIVED
CENTRAL FAX CENTER

**VIERRA MAGEN
MARCUS & DENIRO LLP**

INTELLECTUAL PROPERTY LAW

MAR 24 2006

575 MARKET ST. • SUITE 2500
SAN FRANCISCO, CA 94105-2871
TELEPHONE 415.369.9660
FACSIMILE 415.369.9665
WWW.VIERRAMAGEN.COM

FACSIMILE TRANSMITTAL

TO:	FROM:
United States Patent & Trademark Office	Larry E. Vierra
DATE:	COMPANY:
March 24, 2006	Vierra Magen Marcus & DeNiro LLP
FAX NUMBER:	TOTAL NO. OF PAGES, INCLUDING COVER:
(571) 273-8300	2
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
(800) 786-9199	TOOLZ-01056US2
RE:	YOUR REFERENCE NUMBER:
Change of Correspondence Address	10/081,865

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL: HYO KIM AT 415.369.9660.

TO: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

RE:
Applicants: Butler, et al.
Appl. No: 10/081,865
Filing Date: February 22, 2002
Title: Tools With Orientation Detection

Enclosed:

1. Change of Correspondence Address (1 page)

NOTICE: THIS FACSIMILE IS CONFIDENTIAL AND MAY BE ATTORNEY-CLIENT PRIVILEGED, WORK PRODUCT, AND/OR OTHERWISE EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. THIS FACSIMILE IS INTENDED ONLY FOR THE ADDRESSEE AND THOSE AUTHORIZED BY THE ADDRESSEE TO RECEIVE IT. ANY USE, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS FACSIMILE BY ANY OTHERS IS PROHIBITED. ANY OTHERS RECEIVING THIS FACSIMILE ARE REQUESTED TO NOTIFY VIERRA MAGEN MARCUS & DENIRO LLP IMMEDIATELY BY TELEPHONE OR FAX AND TO RETURN THE ORIGINAL FACSIMILE TO VIERRA MAGEN MARCUS & DENIRO LLP.

MAR 24 2006

PTO/SB/122 (04-05)

Approved for use through 07/31/2008. OMB 0851-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1996, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF
CORRESPONDENCE ADDRESS
Application**Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/081,865
Filing Date	February 22, 2002
First Named Inventor	Butler
Art Unit	2878
Examiner Name	Monbleau, Davienne N.
Attorney Docket Number	TOOLZ-01056US2

Please change the Correspondence Address for the above-identified patent application to:

☒ The address associated with
Customer Number:

28554

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

☐ Applicant/Inventor☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).☒ Attorney or agent of record. Registration Number 33,809☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature

Typed or Printed
Name Larry E. VierraDate March 24, 2006Telephone 415-369-8660

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.